

MAIL ALL FOUR COMPLETED FORMS TO:

**NYS Justice Center for the Protection  
of People with Special Needs  
SDMC  
161 Delaware Avenue  
Delmar, NY 12054**

**INSTRUCTIONS FOR SDMC FORM 200  
Declaration for Surrogate Decision-Making**

*If this is your first time preparing a case or you have questions, call 518-549-0328.*

- 1a. This is an acknowledgement that you are accepting the role of Declarants and prepared to act in that capacity in order to secure informed consent on behalf of the patient for the needed medical treatment. As such all requested information must be complete and accurate. Phone numbers must be where you are available during regular business hours. You must be available to answer any case-related questions, obtain additional information and assist in scheduling the hearing.

**Note: The scheduled date of hearing may be delayed until requested information has been received.**

- 1b. Check all appropriate titles for the person completing SDMC Form 200.
2. Other than the agency you, the Declarants, work for please list any other OPWDD, OMH, or OASAS organization/agency providing services to the patient.
3. Write the title (not the name) of the treatment team member who explained the proposed major medical treatment(s) to the patient. **This must be someone familiar to the patient.** The procedure must be explained to the patient.
4. Write a description of how the patient responded to the information/description of the proposed major medical treatment(s), i.e., “patient walked away”, “patient responded yes, but was unable to explain procedure’s risks when questioned”, etc.
- 5a. Answer the question and check all legally authorized surrogates from the list that apply to this patient. Remember, if any of these individuals exist and are authorized, willing and available to give consent, they may provide consent on behalf of the person and the case would not need to be submitted to SDMC. If they exist but are not authorized, available or willing to give consent, provide documentation of this in response to question 5c of SDMC Form 200. This list only includes those who are specifically recognized as legally authorized surrogates per MHL Article 80.

- 5b. Indicate the status of the patient's mother. Indicate the status of the patient's father. Indicate if their whereabouts are unknown. Explain in the boxes below.
- 5c. Fill in all of the information in the boxes for anyone living outlined in #5a and #5b, explaining your answers in the comments section in each box as applicable.

**For current or former Office for Persons with Developmental Disabilities (OPWDD) patients ONLY:** Per OPWDD Regulations 633.11, actively involved adult siblings, or other adult family members and the Consumer Advisory Board (CAB) can also give or withhold consent. If the patient has any of these family members or is represented by CAB, these individuals must be contacted to determine if they wish to make the decision. If any are authorized, willing and available, the case would not need to be submitted to SDMC. If they do not wish to make the decision, they are listed on page 3, #6 of SDMC Form 200.

**For Patients Residing in Facilities Licensed, Operated or Funded by the Office of Mental Health (OMH):** Siblings and other family members are considered correspondents only. They are not authorized by regulations to make the decision.

*If you are unsure who is a surrogate or correspondent, please call SDMC at 518-549-0328.*

- 6a. Check yes or no and list only actively involved adult sibling(s) or other family who are unavailable, do not wish to make the decision or are unauthorized to make the decision in the boxes below.
- 6b. Check yes or no and list any advocates, correspondents and/or Family Care Providers in the boxes below.
- 6c. If the patient has one or more actively involved siblings or other family members, explain why the case is being submitted to the Surrogate Decision-Making Committee. Provide an explanation for your answers in the comments section.
7. If there is anyone listed in #5 or #6 who could not be contacted; explain the efforts made to contact them.
8. As the Declarant you must then read SDMC Form 210, fill in the psychiatrist or licensed psychologist's name and the date the SDMC Form 210 was signed.
9. Write out the complete name of the proposed major medical treatment(s) being requested as written by the doctor, dentist or podiatrist on the SDMC Form 220-A, #4a and 4b.
10. Check yes or no based on the doctor's/dentist's/podiatrist's answer to #7 on SDMC Form 220-A. If you are unsure why type of anesthesia is be requested, please check with the MD prior to completing or submitting your case.
11. Check yes or no based on the answer to #5 on SDMC Form 220-A.
12. The Declarant must read SDMC Form 220-A and then fill in the doctor, dentist or podiatrist's name and the date the SDMC Form 220-A was signed.

13. Based on your personal knowledge of and interactions with the patient, **describe in your own words** why you think the patient lacks capacity to give or withhold informed consent. Can the patient understand the risks and benefits of having and of not having the proposed major medical treatment(s)?
14. Based on your personal knowledge of and interactions with the patient, **explain in your own words** why you believe the benefits outweigh the risks in this case and why it is in the best interest of the patient.
- 15a. Write the patient's name, complete mailing address, and phone number.
- 15b. Write the patient's date of birth, age, sex, religion, primary language (spoken or understood) and check yes or no regarding the patient's need for special communication assistance. If yes, check the type of assistance required. 1c. Check the type of the patient's residence.
- 15c. List county of New York State residence.
16. Accurately complete all of the requested information for a second person to be contacted regarding the case if you, the Declarant, cannot be reached or are not available.
17. Print clearly your (the Declarant's) name as listed on page one. You must sign the form and date it. This date must be the same as or later than the dates on the other three forms.